

10/549341

**WT NUMBER and  
ISSUE DATE**

APPLICATION NUMBER	FILING DATE	CLASS	SUBCLASS	GROUP ART UNIT	EXAMINER
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No Spec.

(FACE)

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NOTICE OF ALLOWANCE MAILED		Assistant Examiner	CLAIMS ALLOWED		
			Total Claims		Print Claim for O.G
ISSUE FEE			DRAWING		
Amount Due	Date Paid		Sheets Drwg.	Figs.Drwg.	Print Fig
<input type="checkbox"/> TERMINAL DISCLAIMER		Primary Examiner			
		PREPARED FOR ISSUE	Application Examiner		
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